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 Jc944 U.S. PTO

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| Docket Number | 4-100-8314C/C1C1 |
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FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL402023243US

OCT 23 2000

Express Mail Label Number

Date of Deposit

Jc841 U.S. PTO  
 09/694209  
 10/23/00

Address to: Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **continuation** of prior Application No. 09/469,536, filed December 22, 1999.

Applicant (or identifier): HAEBERLIN ET AL.

Title: ENTERIC-COATED PHARMACEUTICAL COMPOSITIONS

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 14 pages
  2. ☐ Drawings - sheets
  3. Declaration and Power of Attorney
    - a. ☐ Newly executed (original or copy)
    - b. ☒ Copy from a prior application (signed or with indication that original was signed)
      - i. ☐ Deletion of Inventors  
 Signed statement attached deleting inventor(s) named in the prior application
  4. ☒ Incorporation By Reference  
 The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
  5. ☐ Microfiche Computer Program (appendix)
  6. ☐ Nucleotide and/or Amino Acid Sequence Submission
    - ☐ Computer Readable Copy
    - ☐ Paper Copy
    - ☐ Statement Verifying Identity of Above Copies
  7. ☒ Preliminary Amendment
  8. ☐ Assignment Papers (Cover Sheet & Document(s))
  9. ☐ English Translation of
  10. ☐ Information Disclosure Statement
  11. ☐ Certified Copy of Priority Document(s)
  12. ☒ Return Receipt Postcard
  13. ☐ Other:
- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 09/469,536 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

Filing fee calculation:

- ☒ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.  
☐ Before calculating the filing fee, please cancel claims

|                                       |                    |              |     |              |   |       |        |    |
|---------------------------------------|--------------------|--------------|-----|--------------|---|-------|--------|----|
| Basic Filing Fee                      |                    |              |     |              |   |       | \$ 710 |    |
| Multiple Dependent Claim Fee (\$ 270) |                    |              |     |              |   |       | \$     |    |
| Foreign Language Surcharge (\$ 130)   |                    |              |     |              |   |       | \$     |    |
|                                       | For                | Number Filed |     | Number Extra |   | Rate  |        |    |
| Extra Claims                          | Total Claims       | 14           | -20 | 0            | x | \$ 18 | =      | \$ |
|                                       | Independent Claims | 2            | -3  | 0            | x | \$ 80 | =      | \$ |
| TOTAL FILING FEE                      |                    |              |     |              |   |       | \$ 710 |    |

- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$710. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

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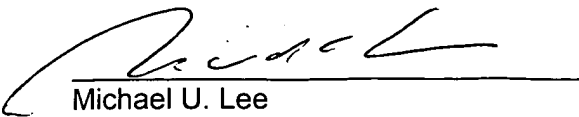
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 Patent and Trademark Dept.  
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Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (908) 522-6955.

Respectfully submitted,

Date:

10/23/00

  
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